

# **CALIFORNIA DEPARTMENT OF PUBLIC HEALTH PROGRAMS**

## **APPLICATION TO ACCESS CALIFORNIA'S VITAL STATISTICS CD-ROM DATA FILES**

Non-confidential data files should be used unless there is a specific need for personal identifiers. Personal identifiers are names and other fields that could identify an individual. Data files that exclude all confidential data items are listed on this application as "Without Personal Identifiers."

Confidential data files include personal identifiers, which are protected by law. Confidential fields on the death files are Social Security Number (SSN) and Mother's Maiden Name (MMN). Confidential fields on the birth files include Names, Certificate Numbers, SSNs, and Addresses.

Approvals from the Committee for the Protection of Human Subjects (CPHS) and the Vital Statistics Advisory Committee (VSAC) may be required if personal contact is planned, unless the contact is for health program purposes. Approvals may also be required if identifiable data will be released.

Additional approvals may be required for certain uses of personal identifiers for out-of-state events (Out-of-State Identifiers). Out-of-state events are those that occurred to a California resident outside of California. These identifiers are subject to the confidentiality restrictions of the state of occurrence.

If you are interested in obtaining copies of the Vital Statistics data files on CD-ROM, please complete the attached application using the instructions below:

- Please indicate which files you need, specifying the least confidential file that will serve your program's purposes.
- Be sure to complete the "Statement of Intended Use" section and specify whether or not contact with subjects (e.g. mothers) is planned and/or whether personal identifying information will be released. Please also complete the "Statement of Security Measures" that will be used to protect the confidentiality of the data.
- List the names of all staff who will have access to the file(s).
- Please read and sign the agreement on the last page, under penalty of perjury, and have the Section Chief sign as well.
- **PLEASE NOTE:** If files are to be used by an outside, third-party agency or researcher or by anyone other than CDHS staff or contract staff acting as CDHS staff, please contact the Office of Health Information and Research PRIOR to ordering the files.

Please mail or fax the completed and signed application to:

California Department of Public Health  
Office of Health Information and Research  
**Attn: Laurie Smith-Giles, Research Analyst II**  
**MS 5103, P.O. Box 997410**

1616 Capitol Ave., Suite 74.165 (MS 5101 if using the street location)  
Sacramento, CA 95899-7410

Phone: (916) 552-8095

Fax: (916) 650-6889

E-Mail: [Lsmithgi@dhs.ca.gov](mailto:Lsmithgi@dhs.ca.gov)

**For information on obtaining approvals for confidential data or to request files in Mainframe format, please contact the Office of Health Information & Research above.**

## DHS PROGRAMS APPLICATION TO ACCESS CALIFORNIA'S STATEWIDE VITAL STATISTICS FILES ON CD-ROM

Name:			Date:		
Title:		DHS Section:			
Street Address:				City:	
State:	Zip Code:	Phone:		Fax:	
E-Mail Address:					

Vital Statistics Data Files:	Year(s) Requested:
<b>Birth Statistical Master Files</b> <input type="checkbox"/> Without Personal Identifiers <input type="checkbox"/> Including Names & Certificate Numbers <input type="checkbox"/> Including Names, Cert.Numbers & SSNs <input type="checkbox"/> Including Names, Cert.Numbers, SSNs & Address	<b>Years Available:</b> 1960 –2006 (SSN and Address available for 1997-2006 only.) <b>Year(s) Requested:</b> _____
<b>Birth Cohort Files (No file for 1998)</b> <input type="checkbox"/> Without Personal Identifiers <input type="checkbox"/> Including Certificate Numbers (1960-1997) <input type="checkbox"/> Including Certificate Numbers and Names (1999-2003) <input type="checkbox"/> Including Certificate Numbers, Names, and Addresses (2002-2003)	<b>Years Available:</b> 1960; 1965 – 1997; 1999 – 2003 (No file for 1998) <b>Year(s) Requested:</b> _____
<b>Death Statistical Master Files</b> <input type="checkbox"/> Without Personal Identifiers <input type="checkbox"/> Incl. Cert #s/Names (No SSN/MMN or Out-of-State IDs) <input type="checkbox"/> Incl. Calif. Names & SSN/MMN – No Out-of-State ID's <input type="checkbox"/> Incl. Calif. Names, MMN/SSN, and Out-of-State ID's	<b>SINGLE-YEAR FILES:</b> 1999-2005 <b>Year(s) Requested:</b> _____  <b>MULTI-YEAR FILES</b> <input type="checkbox"/> 1970-79 <input type="checkbox"/> 1980-88 <input type="checkbox"/> 1989-98
<b>Merged Death Files</b> <input type="checkbox"/> Without Personal Identifiers <input type="checkbox"/> Incl. CA Names and SSN – No Out-of-State ID's <input type="checkbox"/> Incl. CA Names, SSN; and Out-of-State ID's*	<div style="display: flex; justify-content: space-around;"> <div><input type="checkbox"/> 1990-94</div> <div><input type="checkbox"/> 1995-99</div> <div><input type="checkbox"/> 2000-04</div> </div> <div style="display: flex; justify-content: space-around;"> <div><input type="checkbox"/> 1975-79</div> <div><input type="checkbox"/> 1980-84</div> <div><input type="checkbox"/> 1985-89</div> </div> <div style="display: flex; justify-content: space-around;"> <div><input type="checkbox"/> 1960-64</div> <div><input type="checkbox"/> 1965-69</div> <div><input type="checkbox"/> 1970-74</div> </div>
<input type="checkbox"/> <b>Multiple Cause of Death Files</b>	<b>Years Available:</b> 1970 – 2004 <b>Year(s) Requested:</b> _____
<b>Fetal Death Statistical Master Files</b> <input type="checkbox"/> Without Personal Identifiers <input type="checkbox"/> Including Names & Certificate Numbers	<b>SINGLE -YEAR FILES:</b> 1999-2006 <b>Year(s) Requested:</b> _____  <b>MULTI-YEAR FILES</b> <input type="checkbox"/> 1970-79 <input type="checkbox"/> 1980-88 <input type="checkbox"/> 1989-98

**Will data files be used by anyone other than CDHS staff:**      ☐ YES      ☐ NO  
 (i.e., outside agency or researcher) If answering YES, please explain in the Statement of Intended Use on the next page.

### Intended Use of Data File(s)

**PLEASE ANSWER THE FOLLOWING QUESTIONS PERTAINING TO USE OF IDENTIFIABLE DATA:**

Will the data be used to contact subjects: ☐ YES ☐ NO

Will identifiable data be released: ☐ YES ☐ NO

**PLEASE NOTE: IF ANSWERING YES TO EITHER QUESTION PLEASE OUTLINE THESE SPECIFIC ISSUES IN YOUR STATEMENT OF INTENDED USE.**

### Statement of Intended Use (Attach additional sheets if necessary.)

### Statement of Security Measures (Attach additional sheets if necessary.)

**User Names: Please indicate names of all persons who will have access to the requested files.  
(Attach additional sheet if necessary.)**

### **Vital Statistics Access Agreement (Signature Required)**

I, the undersigned, on behalf of the organization represented in this application and under penalty of perjury under the laws of the State of California, agree to the following:

I agree not to sell, assign, release or otherwise transfer the files or any portion thereof, or to release names or other personal identifiers from the files.

I agree not to use files for purposes not described in this agreement without contacting the Center for Health Statistics.

I agree that the files or portions of the files will not be posted on the Internet except as provided by law [Health and Safety Code 102231(e)] and will not be used for fraudulent purposes.

I understand that per Health and Safety Code, Sec. 102426, the mother's marital status field on birth files may only be used for "demographic and statistical analysis" and will not be made available with personal identifiers.

I understand that the release of confidential data with personal identifiers or the linkage of non-confidential data with other files so as to identify an individual's confidential data without prior approval may be punishable by a fine of \$500 or six months in jail (Health and Safety Code, Sec. 102475).

I understand that violation of this agreement or violation of Health and Safety Code Section 102231 is a misdemeanor punishable by one year in jail and/or a fine of \$1,000 (Health and Safety Code, Sec. 102232).

I further agree to the following for any material derived from these vital statistics files:

1. To acknowledge the California Department of Public Health, Center for Health Statistics as the original source.
2. To include a disclaimer that credits any analyses, interpretations, or conclusions reached to the author and not to the California Department of Public Health, Center for Health Statistics.
3. To assure that technical descriptions of the data are consistent with those provided by the California Department of Public Health, Center for Health Statistics.

Data User's

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed

Name: \_\_\_\_\_ Title: \_\_\_\_\_

DHS Section

Chief

Signature \_\_\_\_\_ Date: \_\_\_\_\_

### **Center for Health Statistics (CHS) Use Only**

Application Complete: \_\_\_\_\_

CHS

Authorization: \_\_\_\_\_ Date: \_\_\_\_\_

State Registrar, Chief, Center for Health Statistics, California Department of Public Health